

04-19-01

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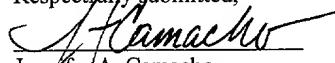
|  |  |                                       |
|--|--|---------------------------------------|
| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br>(Only for new nonprovisional applications under 37 CFR 1.53(b)) |  | Attorney Docket No. <b>ACX-103CN5</b> |
|  |  | First Named Inventor <b>Lazarus</b>   |
|  |  | Title <b>Packaged Strain Actuator</b> |

U.S. PRO  
093773  
04/18/01

|  |  |   |
|--|--|---|
| <b>APPLICATION ELEMENTS</b>  |  | ADDRESS TO: <b>Box Patent Application<br/>Assistant Commissioner for Patents<br/>Washington, D.C. 20231</b>   |
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form</p> <p>2. <input type="checkbox"/> Small Entity Status<br/> <input type="checkbox"/> Applicant claims small entity status<br/> <input type="checkbox"/> Status established in prior application and is still proper and desired</p> <p>3. <input checked="" type="checkbox"/> Specification and Drawings [Total Pages 40]<br/> - Written Description - (23 pages)<br/> - Claims - (5 pages)<br/> - Abstract - (1 page)<br/> - Sheets of Drawings - (11 sheets)<br/> <input checked="" type="checkbox"/> Formal<br/> <input type="checkbox"/> Informal</p> <p>4. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages 5]<br/> a. <input type="checkbox"/> Newly executed (original)<br/> b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br/> <i>(for continuation/divisional with Box 17 completed)<br/> [Note Box 5 below]</i></p> <p>5. <input type="checkbox"/> Incorporation by Reference (usable if Box 3b is checked)<br/> The entire Disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet</p> <p>7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission<br/> <input type="checkbox"/> Computer Readable Copy<br/> <input type="checkbox"/> Paper Copy (identical to computer copy)<br/> <input type="checkbox"/> CD (identical to computer copy)<br/> <input type="checkbox"/> Statement verifying identity of above copies</p> <p>17. <input checked="" type="checkbox"/> If a CONTINUING APPLICATION,<br/> --This is a<br/> <input checked="" type="checkbox"/> continuation   <input type="checkbox"/> divisional   <input type="checkbox"/> continuation-in-part of prior application Serial No. 08/973,646, filed on 10/3/97.<br/> <b>Priority to the above application(s) is claimed under 35 U.S.C. 120.</b><br/> Prior application information: Examiner: C. Hall. Group/Art Unit: 3729.</p> <p>18. <input type="checkbox"/> Priority - 35 U.S.C. 119<br/> <input type="checkbox"/> Priority of application Serial No. _____ filed on _____ in _____ is claimed under 35 U.S.C. 119.<br/> <input type="checkbox"/> The certified copy has been filed in prior U.S. application Serial No. _____/_____ on _____.<br/> <input type="checkbox"/> The certified copy will follow.</p> |  | <b>ACCOMPANYING APPLICATION PARTS</b>   |
|  |  | <p>8. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee)<br/> <input type="checkbox"/> Power of Attorney</p> <p>9. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)</p> <p>10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449<br/> <input type="checkbox"/> Copies of IDS Citations</p> <p>11. <input checked="" type="checkbox"/> Preliminary Amendment<br/> <input type="checkbox"/> Drawings [Total Sheets _____]<br/> <input type="checkbox"/> Letter to Official Draftsperson Including Drawings [Total Pages _____]</p> <p>12. <input checked="" type="checkbox"/> Return Receipt Postcard</p> <p>13. <input type="checkbox"/> Certified Copy of Priority Document(s)</p> <p>14. <input type="checkbox"/> Deletion of Inventor(s)<br/> Signed statement attached deleting inventor(s) named in the prior application.</p> <p>15. <input type="checkbox"/> CD in duplicate for large table or computer program.</p> <p>16. <input checked="" type="checkbox"/> Other:<br/> Copy of Power of Attorney by Assignee</p> |
| <b>CORRESPONDENCE ADDRESS</b>  |  | <b>SIGNATURE BLOCK</b>  |
| <p>Direct all correspondence to: Patent Administrator<br/> Testa, Hurwitz &amp; Thibeault, LLP<br/> High Street Tower<br/> 125 High Street<br/> Boston, MA 02110<br/> Tel. No.: (617) 248-7000<br/> Fax No.: (617) 248-7100</p>  |  | <p>Respectfully submitted,<br/> <br/> Jennifer A. Camacho<br/> Attorney for Applicant(s)<br/> Testa, Hurwitz &amp; Thibeault, LLP<br/> High Street Tower<br/> 125 High Street<br/> Boston, MA 02110</p>   |

**FEE TRANSMITTAL**  
**FY 2001**

| Complete if Known         |                  |
|---------------------------|------------------|
| Application Serial Number | Not yet assigned |
| Filing Date               | Herewith         |
| First Named Inventor      | Lazarus          |
| Group Art Unit            | Not yet assigned |
| Examiner Name             | Not yet assigned |
| Attorney Docket No.       | ACX-103CN5       |

| METHOD OF PAYMENT  |                                 | FEE CALCULATION (continued)   |              |  |  |                 |              |                    |  |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
|--|---------------------------------|---|--------------|--|--|-----------------|--------------|--------------------|--|-------------------------------------|-------------------|----|-----|--|--|-----|-----|---------------------------|--|-------|-------|--|--|-----|----|--|--|-----|-----|---|--|-----|-----|--|--|-------|-----|---|--|-------|-----|--|--|-----|-----|------------------|--|-----|-----|--|--|-----|-----|--------------------------|--|-----|-----|-------------------------------|--|----|----|---|--|-----|-----|--|--|-----|-----|---|--|-----|-----|--|--|---------------------|--|--|--|---------------------|--|--|--|
| 1. <input checked="" type="checkbox"/> Payment Enclosed:<br><input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other  |                                 | 3. ADDITIONAL FEES  |              |  |  |                 |              |                    |  |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| 2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.<br><input type="checkbox"/> Required Fees (copy of this sheet enclosed).<br><input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17.<br><input checked="" type="checkbox"/> Overpayment Credit.<br>3. <input type="checkbox"/> Applicant claims small entity status. |                                 | <table border="1"> <thead> <tr> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>130</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>50</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>130</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>2,520</td> <td>2,520</td> <td>For filing a request for reexamination</td> <td></td> </tr> <tr> <td>110</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>390</td> <td>195</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>890</td> <td>445</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1,390</td> <td>695</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1,890</td> <td>945</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>310</td> <td>155</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>310</td> <td>155</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>270</td> <td>135</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>130</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>50</td> <td>50</td> <td>Petitions related to provisional applications</td> <td></td> </tr> <tr> <td>180</td> <td>180</td> <td>Submission of Information Disclosure Statement</td> <td></td> </tr> <tr> <td>710</td> <td>355</td> <td>Filing a submission after final rejection (37 CFR 1.129(a))</td> <td></td> </tr> <tr> <td>710</td> <td>355</td> <td>For each additional invention to be examined (37 CFR 1.129(b))</td> <td></td> </tr> <tr> <td colspan="2">Other fee (Specify)</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Other fee (Specify)</td> <td colspan="2"></td> </tr> </tbody> </table> |              | Large Entity Fee (\$)  | Small Entity Fee (\$)                    | Fee Description | Fee Paid     | 130                | 65                                       | Surcharge - late filing fee or oath |                   | 50 | 25  | Surcharge - late provisional filing fee or cover sheet |  | 130 | 130 | Non-English specification |  | 2,520 | 2,520 | For filing a request for reexamination |  | 110 | 55 | Extension for reply within first month |  | 390 | 195 | Extension for reply within second month |  | 890 | 445 | Extension for reply within third month |  | 1,390 | 695 | Extension for reply within fourth month |  | 1,890 | 945 | Extension for reply within fifth month |  | 310 | 155 | Notice of Appeal |  | 310 | 155 | Filing a brief in support of an appeal |  | 270 | 135 | Request for oral hearing |  | 130 | 130 | Petitions to the Commissioner |  | 50 | 50 | Petitions related to provisional applications |  | 180 | 180 | Submission of Information Disclosure Statement |  | 710 | 355 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 710 | 355 | For each additional invention to be examined (37 CFR 1.129(b)) |  | Other fee (Specify) |  |  |  | Other fee (Specify) |  |  |  |
| Large Entity Fee (\$)  | Small Entity Fee (\$)           | Fee Description   | Fee Paid     |  |  |                 |              |                    |  |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| 130  | 65                              | Surcharge - late filing fee or oath   |              |  |  |                 |              |                    |  |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| 50   | 25                              | Surcharge - late provisional filing fee or cover sheet  |              |  |  |                 |              |                    |  |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| 130  | 130                             | Non-English specification   |              |  |  |                 |              |                    |  |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| 2,520  | 2,520                           | For filing a request for reexamination  |              |  |  |                 |              |                    |  |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| 110  | 55                              | Extension for reply within first month  |              |  |  |                 |              |                    |  |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| 390  | 195                             | Extension for reply within second month   |              |  |  |                 |              |                    |  |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| 890  | 445                             | Extension for reply within third month  |              |  |  |                 |              |                    |  |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| 1,390  | 695                             | Extension for reply within fourth month   |              |  |  |                 |              |                    |  |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| 1,890  | 945                             | Extension for reply within fifth month  |              |  |  |                 |              |                    |  |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| 310  | 155                             | Notice of Appeal  |              |  |  |                 |              |                    |  |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| 310  | 155                             | Filing a brief in support of an appeal  |              |  |  |                 |              |                    |  |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| 270  | 135                             | Request for oral hearing  |              |  |  |                 |              |                    |  |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| 130  | 130                             | Petitions to the Commissioner   |              |  |  |                 |              |                    |  |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| 50   | 50                              | Petitions related to provisional applications   |              |  |  |                 |              |                    |  |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| 180  | 180                             | Submission of Information Disclosure Statement  |              |  |  |                 |              |                    |  |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| 710  | 355                             | Filing a submission after final rejection (37 CFR 1.129(a))   |              |  |  |                 |              |                    |  |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| 710  | 355                             | For each additional invention to be examined (37 CFR 1.129(b))  |              |  |  |                 |              |                    |  |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| Other fee (Specify)  |                                 |   |              |  |  |                 |              |                    |  |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| Other fee (Specify)  |                                 |   |              |  |  |                 |              |                    |  |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| FEE CALCULATION  |                                 |   |              |  |  |                 |              |                    |  |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| 1. FILING FEE  |                                 |   |              |  |  |                 |              |                    |  |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| <table border="1"> <thead> <tr> <th>Large Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>710</td> <td>Utility filing fee</td> <td>710.00</td> </tr> <tr> <td>320</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>150</td> <td>Provisional filing fee</td> <td></td> </tr> </tbody> </table>  |                                 |   |              | Large Entity Fee (\$)  | Fee Description                          | Fee Paid        | 710          | Utility filing fee | 710.00                                   | 320                                 | Design filing fee |    | 150 | Provisional filing fee                                 |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| Large Entity Fee (\$)  | Fee Description                 | Fee Paid  |              |  |  |                 |              |                    |  |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| 710  | Utility filing fee              | 710.00  |              |  |  |                 |              |                    |  |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| 320  | Design filing fee               |   |              |  |  |                 |              |                    |  |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| 150  | Provisional filing fee          |   |              |  |  |                 |              |                    |  |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| <table border="1"> <thead> <tr> <th>Number Filed</th> <th>Number Extra</th> <th>Rate</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Total Claims 37</td> <td>- 20 = 17</td> <td>x \$ 18.00 =</td> <td>306.00</td> </tr> </tbody> </table>  |                                 |   |              | Number Filed   | Number Extra                             | Rate            | Amount       | Total Claims 37    | - 20 = 17                                | x \$ 18.00 =                        | 306.00            |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| Number Filed   | Number Extra                    | Rate  | Amount       |  |  |                 |              |                    |  |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| Total Claims 37  | - 20 = 17                       | x \$ 18.00 =  | 306.00       |  |  |                 |              |                    |  |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| <table border="1"> <thead> <tr> <th>Independent Claims 4</th> <th>- 3 = 1</th> <th>x \$ 80.00 =</th> <th>80.00</th> </tr> </thead> </table>  |                                 |   |              | Independent Claims 4   | - 3 = 1                                  | x \$ 80.00 =    | 80.00        |                    |  |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| Independent Claims 4   | - 3 = 1                         | x \$ 80.00 =  | 80.00        |  |  |                 |              |                    |  |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| <input type="checkbox"/> Multiple Dependent Claim(s), if any   |                                 | \$270.00 =<br><b>TOTAL: 1,096</b>   |              |  |  |                 |              |                    |  |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| <b>SMALL ENTITY DISCOUNT:</b>  |                                 |   |              |  |  |                 |              |                    |  |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| <b>SUBTOTAL (1)</b>  |                                 | <b>(\$)</b> <b>1,096</b>  |              |  |  |                 |              |                    |  |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| 2. AMENDMENT CLAIM FEES  |                                 |   |              |  |  |                 |              |                    |  |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| <table border="1"> <thead> <tr> <th>Claims Remaining After Amend.</th> <th>Highest No. Previously Paid For</th> <th>Present Extra</th> <th>Rate</th> <th>Fee Paid</th> <th>SUBTOTAL (3) (\$)</th> </tr> </thead> </table>  |                                 |   |              | Claims Remaining After Amend.  | Highest No. Previously Paid For          | Present Extra   | Rate         | Fee Paid           | SUBTOTAL (3) (\$)                        |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| Claims Remaining After Amend.  | Highest No. Previously Paid For | Present Extra   | Rate         | Fee Paid   | SUBTOTAL (3) (\$)                        |                 |              |                    |  |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| <table border="1"> <thead> <tr> <th>Total</th> <th>-</th> <th>=</th> <th>x \$ 18.00 =</th> <th></th> <th>SUBTOTAL (1) 1,096.00</th> </tr> </thead> </table>  |                                 |   |              | Total  | -  | =               | x \$ 18.00 = |                    | SUBTOTAL (1) 1,096.00                    |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| Total  | -                               | =   | x \$ 18.00 = |  | SUBTOTAL (1) 1,096.00                    |                 |              |                    |  |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| <table border="1"> <thead> <tr> <th>Indep.</th> <th>-</th> <th>=</th> <th>x \$ 80.00 =</th> <th></th> <th>SUBTOTAL (2) 0.00</th> </tr> </thead> </table>   |                                 |   |              | Indep.   | -  | =               | x \$ 80.00 = |                    | SUBTOTAL (2) 0.00                        |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| Indep.   | -                               | =   | x \$ 80.00 = |  | SUBTOTAL (2) 0.00                        |                 |              |                    |  |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| <table border="1"> <thead> <tr> <th colspan="4"> <input type="checkbox"/> First Presentation of Multiple Dep. Claim         </th> <th>+ \$270.00 =</th> <th>SUBTOTAL (3) 0.00</th> </tr> </thead> </table>   |                                 |   |              | <input type="checkbox"/> First Presentation of Multiple Dep. Claim   |  |                 |              | + \$270.00 =       | SUBTOTAL (3) 0.00                        |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| <input type="checkbox"/> First Presentation of Multiple Dep. Claim   |                                 |   |              | + \$270.00 =   | SUBTOTAL (3) 0.00                        |                 |              |                    |  |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| <table border="1"> <thead> <tr> <th colspan="4"> <b>TOTAL:</b> <b>(\$)</b> </th> <th></th> <th><b>TOTAL</b> <b>(\$)</b> <b>1,096.00</b></th> </tr> </thead> </table>   |                                 |   |              | <b>TOTAL:</b> <b>(\$)</b>  |  |                 |              |                    | <b>TOTAL</b> <b>(\$)</b> <b>1,096.00</b> |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| <b>TOTAL:</b> <b>(\$)</b>  |                                 |   |              |  | <b>TOTAL</b> <b>(\$)</b> <b>1,096.00</b> |                 |              |                    |  |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| <b>SMALL ENTITY DISCOUNT:</b>  |                                 |   |              |  |  |                 |              |                    |  |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| <b>SUBTOTAL (2) (\$)</b>   |                                 |   |              |  |  |                 |              |                    |  |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| CORRESPONDENCE ADDRESS   |                                 |   |              | SIGNATURE BLOCK  |  |                 |              |                    |  |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| Direct all correspondence to:<br>Patent Administrator<br>Testa, Hurwitz & Thibeault, LLP<br>High Street Tower-125 High Street<br>Boston, MA 02110<br>Tel. No.: (617) 248-7000<br>Fax No.: (617) 248-7100   |                                 |   |              | Respectfully submitted,<br><br>Jennifer A. Camacho<br>Attorney for the Applicants<br>Testa, Hurwitz & Thibeault, LLP<br>High Street Tower-125 High Street<br>Boston, MA 02110 |  |                 |              |                    |  |                                     |                   |    |     |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |  |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |